

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **1003**
 City *Springville* (No. *1939 Sullivan Ave.*) St. Ward)

File No. **26738**
 Registered No. **6925**

2. FULL NAME

Mrs. S. P. Wood
 (a) Residence, No. *1939 Sullivan Ave.*, *26* Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. *4* mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *S. P. Wood*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *March 6, 1896*

7. AGE YEARS *38* MONTHS *4* DAYS *8* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tenn*

13. NAME *W. H. Hastings*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tenn*

15. MAIDEN NAME *Evelyn Moody*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tenn*

17. INFORMANT (ADDRESS) *Dr. C. H. Dixon 2418 N. Grand*

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE *Springville Tenn July 16 1934*

19. UNDERTAKER (ADDRESS) *Mullon Bros Mortuary 4259 Fidelity Bldg*

20. FILED *15 1934* *J. F. Credeck Registrar*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 14 1934*

22. I HEREBY CERTIFY, That I attended deceased from *June 25 1934* to *July 14 1934*

I last saw him alive on *July 14 1934* Death is said to have occurred on the date stated above, at *8 am*.

The principal cause of death and related causes of importance were as follows:

Chr. Myocarditis, with failure

Other contributory causes of importance:

93C
93D
ABC

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No* If so, specify

(Signed) *CH Dixon*, M. D. (Address) *2418 N. Grand St*

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 16 1934

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